PERM FY 2014

Sampled Claim Details Data Submission Instructions

Medicaid Fee-For-Service and CHIP Fee-For-Service

September 30, 2013

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SECTION 1: Overview

Submitting details information for sampled fee-for-service claims to the Statistical Contractor (SC) is the next critical step in the PERM process following universe submission. The Review Contractor (RC) uses the information states submit in the details data to request medical records and conduct medical record review on sampled fee-for-service claims. It is vital that states submit accurate and complete details data in order for the RC to contact the correct provider and review the associated medical record appropriately and efficiently. **Any delays in the provision of complete and accurate claims details data could result in subsequent delays in requesting medical records from providers.**

Note: Details data are only required for fee-for-service sampled claims. States are not required to submit details data for managed care samples.

These instructions are intended to guide state staff in the preparation of the claims data that they will have to provide to support the PERM SC and RC.

The instructions include:

- An overview of the details process

- The PERM-specific definitions of fields required in the details

- The specifications for required fields in terms of data types and formats

- An overview of the quality control review process, including checks states can perform on the details data prior to submitting them to the SC

- An overview of details data transmission and security

- Tables of required details fields

- A Transmission Cover Sheet for quality control verification

- The Standard Details Crosswalk Template.

Each member of your state's PERM team who will be responsible for collecting and reviewing your state's details data, including both technical and non-technical staff located within the state or with a vendor, should receive a copy of these instructions and review them early in the process.

The steps for the details submission process are as follows:

1. The SC selects random quarterly samples of payments from the fee-for-service universes provided by each state and returns the sampled Medicaid and CHIP fee-for-service claims to the state.

2. The SC conducts a "details intake call" (approximately one hour) with each state and the RC after returning the first fee-for-service claims sample. Each member of the state's PERM team that will be involved in the collection of the details data, including any contractors or vendors, is encouraged to attend the details intake call.

    The purpose of this call is to:

    *   Provide an overview of the details requirements.

    *   Collect additional information from each state to help with the SC review of the details submission. This includes identification of required fields that are not maintained in the state's data systems or fields that will not be submitted for certain claim types for valid reasons (e.g., the DRG field will not be populated for inpatient claims if these claims are not paid based on the DRG methodology). Knowing this information ahead of time helps the SC validate and format the details as necessary.

    *   Provide states with an opportunity to ask questions about the required fields and the details process.

3. The state sends to the SC a file with details for the sampled payments within two weeks of receiving the list of sampled claims.

4. The SC reviews the sampled claim details for accuracy and completeness, sends follow-up questions to the state if necessary and standardizes format of the details data according to the RC specifications.

5. After all data and formatting issues are resolved, the SC sends the details file to the RC to request medical records.

SECTION 2: Sampled Claim Details Data

While the PERM universe submission requires a minimal number of variables, the details submission requires approximately 84 fields. The RC requires these fields to request medical records and conduct medical review (e.g., verify if services are rendered in accordance with state policy, confirm medical necessity of services, determine whether the services rendered match the service codes billed and paid). It is important that the details be accurate and complete.

States should be aware that even though individual line items are sampled for PERM, it is necessary to review all items on a claim in order to determine the accuracy of the individual line. (Reviewers will not record errors associated with lines on a claim that were not part of the sample.) Therefore, the claims details returned to the SC should include complete header and line information for each sampled claim.

- If the SC sampled a payment provided in the universe as a header level claim, the state must return in the details submission all lines associated with that claim, as well as the sampled claim header.

- If a claim is paid at the line level and the SC sampled, for example, line 2, the information returned by the state must include information from the header and all lines associated with that claim header, including line 2.

Please refer to the "sampling unit level" field with each sampled item to determine if a claim was sampled at the header or line level. Sampled items with an "H" were sampled at the header level and those with an "L" were sampled at the line level.

States may submit one file with claim headers and a second file with claim lines, or submit one file with both claim header and line data combined. The SC will work with each state to determine the most appropriate file structure.

Particular fields in the details request are vital to the medical record review process are:

- **PERM ID:** Every sampled payment (i.e., fee-for-service claim or managed care capitation payment) will have a PERM ID that the RC will use to track that payment. The SC creates this field for the purpose of assigning a unique identifier to each sampled claim. The PERM ID follows a standard logic:

  > SS = state
  > C/M = C for CHIP or M for Medicaid
  > 14 = year
  > 0# = quarter number (01, 02, 03 or 04)
  > F/M = F for fee-for-service or M for managed care
  > XXX = three-digit sequential number

  Example: The 51st fee-for-service payment sampling unit from the New Jersey 2014 Q1 CHIP universe will have the following PERM ID: NJC1401F051

  The SC sends samples back to the state in the same format as received from the state, and appends a unique PERM ID to each record. States are required to include the associated PERM ID for each sampled fee-for-service claim in the details submission. States will also be able to use the PERM ID to track a sampled claim's progress on the SMERF website.

- **ICN:** This is a unique claim identifier or internal control number assigned by state for each claim or payment. Each record in the PERM universe must be able to be uniquely identified with data elements contained in the ICN; for "dummy" claims, states must

ensure the ICN information can tie back to the payment in the state's systems. **All of the sampled lines must have the same ICN in the sampler file and in the details file.**

- **Recipient ID, Name, Date of Birth and Gender:** Complete and accurate data for these recipient fields are critical for requesting medical records reviews.

  Note: If a required medical record cannot be obtained due to missing recipient ID, name, date of birth or gender, the payment will be considered fully in error.

- **Billing Provider and Performing Provider:** Identifiers for both the billing provider and the performing provider (Name and ID) should be included, along with the providers' addresses and telephone numbers. Provider fax numbers and NPI should be provided when available. **Billing provider type and specialty are also important for header level claims since they help the RC to identify and request medical records from the correct provider for each claim.**

  In some cases, such as when the billing provider in the MMIS is a state agency or other organization, the state may need to locate additional information on the performing provider and submit the additional information for the sampled claim. Please review the sampled claim detail information to validate that the provider information submitted with each sample is the correct provider for the RC to contact and obtain the record that supports the claim.

  Note: If a required medical record cannot be obtained from the provider, the payment will be considered fully in error. Therefore, states are advised to provide complete and up-to-date provider contact information.

- **Dates of Service:** Dates of service (from/to) are necessary for both header and line level claims. There are four separate fields for capturing these data. These fields are called "dos_from_clm" and "dos_to_clm" for header claims and "dos_from_line" and "dos_to_line" for line claims.

  States are advised to inform the SC of any missing values for dates of service fields and provide the reason why they are missing. Dates of service for header level claims ("dos_from_clm" and "dos_to_clm" fields) should reflect the dates of service for all lines on the claim and not just the sampled line. Dates of service for line level claims ("dos_from_line" and "dos_to_line") should be populated even if they are the same as the dates of service for the header.

  In addition, it is important to ensure that the dates of service for each line of a claim ("dos_from_line" and "dos_to_line") fall within the dates of service range for the entire claim ("dos_from_clm" and "dos_to_clm"). States should inform SC if there are any variations from this rule for reporting dates of service during the details intake calls and on the Details Crosswalk Tables shown in Appendix B.

- **Units Paid**: Verifying the appropriate units of service paid is one of the essential components of the medical record review. Data for this field are particularly important for drug claims. All paid drug records in the details data must have valid units paid

that are greater than zero. If the number of units paid for drug records are not available, states are advised to provide the quantity dispensed or other similar and relevant data. In addition, for data in the "units_paid" field that are not whole numbers and have fractional values (e.g., 3.5), it is important to ensure that the fractional value is valid and reflects the accurate number of units paid for the corresponding claim.

- **Total Computable Amount Paid:** This field should be populated for both header and line claims and should not include any third-party or patient liability paid amounts, such as copayments.   The values for this field should also match the paid amount submitted in the universe for header or line claims.

- **Claim Type:** This field is the state claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim. The values for this field in the details file should generally match to the values in the claim type field in the sampler file. However, a state data dictionary is required at the time of details submission if there are differences in claim type values between the sampler and details files.

- **NDC Code:** Mandatory 11-digit number for all pharmacy claims.

- **Fields with Pre-defined Standard Data Values:** The following fields have pre-established definitions and cannot have any missing values in the details file. A state data dictionary is required for values that deviate from the standard definitions for each field shown below:

    o **Recipient Gender:** "M" for Male and "F" for Female

    o **Payment Status:** "P" for Paid and "D" for Denied

        ▪ This field is the paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status.

    o **Medicare Crossover Indicator:** "Y" for Yes and "N" for No

        ▪ Indicates whether the claim is a Medicare crossover claim

    o **Sampling Unit Level:** "H" for Header and "L" for Line

        ▪ This field is a code that is used to denote if the record is a header or a line claim

        ▪ **Note:** States are required to submit this field only if they choose to submit a single file for header and line claims combined.

Section 4 of these instructions and the Quality Review component of the details data fields and descriptions (Tables 1, 2 and 3) also include specific suggestions for minimum checks that states should run on the details submission to ensure that the data are accurate and complete.

SECTION 3: Changes to the FY 2014 PERM Details Data Submission Instructions from FY 2011

- **Header and Line Details Files:** In FY 2014, states have the option to submit one file with claim headers and a second file with claim details or submit one file for both claim header and details data combined. This is a change from FY 2011 instructions, where states were required to submit a single combined file for claim header and details data.

- **Fixed Payment Indicator:** In FY 2014, states will receive fixed payment and fee-for-service samples together. However, no further action is required for fixed payments. States do not need to provide additional details for these payments as they are not subject to medical review similar to other fee-for-service claims. Sampled items indicated by a "Y" in the "Fixed Payment Indicator" field are fixed payments.

- **Number of Line Items:** The "Number of line items" field listed in the FY 2011 PERM Details Data Submission Instructions is no longer required in FY2014.

- **Fields added since FY 2011 PERM Details Data Submission Instructions are as follows:**
    - Referring Provider Name
    - Referring Provider NPI
    - Medical Record Contact fields: In some cases, contact information for requesting patient medical records may be different from the contact information for the billing, performing or referring providers. Therefore, the fields listed below have been added to accommodate these additional medical records contact data. Medical record contact fields do not need to be populated in cases where these data are the same as the billing, performing or referring providers.
        i.   Medical Record Contact Name
        ii. Medical Record Contact Address
        iii. Medical Record Contact City
        iv. Medical Record Contact State
        v.   Medical Record Contact Zip Code
        vi. Medical Record Contact Phone Number
    - User fields 6- 10: The number of user fields increased from 5 to 10

- **Fields where Field Name changed from FY 2011 to FY 2014 are as follows:**

> o   The name of "ICD9 procedure codes" in FY 2011 changed to "ICD procedure codes" in FY 2014 in order to accommodate either ICD9 or ICD10 procedure codes.
>
> o   The name of the field which is used to denote if the record is a header or a line claim has changed from "Record type" to "sampling_unit_level".

SECTION 4: Sampled Claim Details Field Specifications

Table 1 below lists the fields required in the sampled claim details submission if the state is submitting a consolidated header and line file. Two other tables shown in **Appendix A** list the fields required in the details submission if the state is submitting separate header and line files.

Table 2 (Appendix A) lists the fields required for header records if the state is submitting separate header and line files and **Table 3 (Appendix A)** lists the fields required for line records.

The preferred field names, a format and any suggestions for quality review of each field are listed in Tables 1, 2, and 3. These field names and formats are not required; however, using them helps the RC request medical records earlier, as it will shorten the time spent by the SC to validate and format the data prior to sending them to the RC.

If states choose not to use these field names or provide the data in a different order, states are required to include a crosswalk between the state field names and the standard details field names in the Details Transmission Cover Sheet (**Appendix B**). States must also include data dictionaries or crosswalks with the layouts and decodes for each field, as applicable.

If certain fields are not included in the state system (e.g., your state does not pay any inpatient claims on a DRG or include fax numbers in the provider data), states should indicate that during the details intake call and on the Details Crosswalk Tables shown in Appendix B.

Table 1: FY 2014 PERM
Required Fields for Details Submissions (Single Combined File for Header and Line)
Medicaid and CHIP Fee-for-Service

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
1	PERM ID	perm_id	Populated field will be provided to the state by the SC in the sampled claim file	varchar	Copy the PERM ID for the sampled claim from the sampler file into the claim details extract
2	ICN	clm_id_icn	Unique claim identifier (e.g., ICN, TCN, other state issued number)	varchar	Ensure all of the sampled lines have the same ICN in the sampler and in the details files. Ensure the field is not truncated and does not contain extra data Each record in the PERM universe must be able to be uniquely identified with data elements contained in the record; for "dummy" claims, be sure the ICN information can tie back to the payment in the state's systems. If the ICN/Line Number alone is not sufficient to uniquely identify the sampling unit, define those fields that can be used to uniquely identify the sampling unit

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
3	Claim type	clm_type	State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim	varchar	Provide a data dictionary if a dictionary was not provided with universe data or if there are differences in claim type values between the universe and the details.
4	Date Paid	date_of_payment	The date a claim or payment was originally adjudicated or paid; not the check date (unless there is no adjudication date) This date should match the paid date submitted in the universe for the sampled claim	varchar (mm/dd/yyyy)	Check that the paid date is a valid date and matches the original paid date submitted in the universe for all records.
5	Medicare crossover indicator	mcare_xover_ind	Indicates whether the claim is a crossover claim from Medicare to Medicaid "Y" for yes , "N" for no	varchar	Ensure all values are coded as "Y" or "N" and the field is populated for all records

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
6	Category of service	service_category	Classification for broad types of state/federal covered services Can be MSIS category of service or state-defined service type	varchar	Provide a data dictionary if a dictionary was not provided with universe data or if there are differences in service category values between the universe and the details.
7	Source location	source_location	The system of origin/location in which the sampled unit was adjudicated	varchar	Provide a data dictionary if a dictionary was not provided with universe data Ensure values match values in the universe submission
8	Payment status	payment_status	Paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status "P" for paid, "D" for denied	varchar	Ensure all values are coded as "P" or "D" and the field is populated for all records

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
9	Total computable amount paid on the header	amt_paid_clm	Total computable amount paid at the claim header. Total Computable Amount = Federal Share + State Share Amount paid should be net of any co-payments, third-party, or other beneficiary liability	numeric (with decimals)	Ensure values in this field match the paid amount submitted in the universe for header claims. Ensure the field is not truncated or rounded, and does not contain extra data
10	Date-of-service from (claim)	dos_from_clm	Beginning date of service on the claim	varchar (mm/dd/yyyy)	Ensure beginning date of service is a valid date, is populated for all records and is prior to the ending date of service for the claim.
11	Date-of-service to (claim)	dos_to_clm	Ending date of service on the claim	varchar (mm/dd/yyyy)	Ensure ending date of service is a valid date, is populated for all records and is after the beginning date of service for the claim.
12	Recipient ID	recipient_id	Beneficiary ID number	varchar	Ensure recipient ID is populated for all records

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
13	Recipient Name	recipient_name	Beneficiary Name States may submit beneficiary name according to state preference (e.g., can submit multiple variables for first, middle, and last name or a single variable containing beneficiary full name)	varchar	Ensure recipient name is populated for all records Ensure the field is not truncated and does not contain extra data
14	Recipient date of birth	recipient_dob	Beneficiary date of birth	varchar (mm/dd/yyyy)	Ensure date of birth is a valid date and is populated for all records
15	Recipient gender	recipient_gender	Beneficiary gender code "M" for male, "F" for female	varchar	Ensure all values are coded as "M" or "F" and the field is populated for all records
16	Recipient county	recipient_county	Beneficiary county	varchar	Provide a data dictionary

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
17	Billing provider number	billing_prov_id	Billing provider ID number	varchar	Ensure billing provider number is populated for all records
18	Billing provider name	billing_prov_name	Billing provider name	varchar	Ensure the field is not truncated, does not contain extra data and is populated for all records
19	Billing provider type	billing_prov_type	Billing provider type	varchar	Provide a data dictionary if a dictionary was not provided with universe data
20	Billing provider specialty	billing_prov_spec	Billing provider specialty code	varchar	Provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
21	Billing provider address 1	billing_prov_address_1	Billing provider address first line If medical record contacts are different from the billing provider, please include this information in a separate user field	varchar	Ensure that provider addresses are complete, up-to-date, and do not contain a medical record contact name instead
22	Billing provider address 2	billing_prov_address_2	Billing provider address second line	varchar	
23	Billing provider city	billing_prov_city	Billing provider city	varchar	
24	Billing provider state	billing_prov_state	Billing provider state	varchar	Use the abbreviated 2-letter code for each state (e.g. WA for Washington state)
25	Billing provider zip	billing_prov_zip_code	Billing provider zip code Should contain either 5 or 9 digits (ZIP+4 digit code)	varchar	If possible do not include hyphens when using a ZIP+4 digit code

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
26	Billing provider phone	billing_prov_phone	Billing provider phone number(s) All phone numbers should be 10 digits, including the area code Multiple phone numbers and phone extensions should be reported in separate user fields	varchar	If possible, do not use hyphens or parentheses Verify that the provider phone number is a complete and up-to-date 10 digit code Include multiple phone numbers in separate user fields
27	Billing provider fax	billing_prov_fax	Billing provider fax number, when available	varchar	If possible, do not use hyphens or parentheses Verify that the provider fax number is a complete and up-to-date 10 digit code
28	Billing provider NPI	billing_prov_npi	Billing provider NPI, when available	varchar	
29	ICD procedure code 1	icd_proc_code_1	ICD-9/10 surgical procedure code 1	varchar	
30	ICD procedure code 2	icd_proc_code_2	ICD-9/10 surgical procedure code 2	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
31	ICD procedure code 3	icd_proc_code_3	ICD-9/10 surgical procedure code 3	varchar	
32	ICD procedure code 4	icd_proc_code_4	ICD-9/10 surgical procedure code 4	varchar	
33	ICD procedure code 5	icd_proc_code_5	ICD-9/10 surgical procedure code 5	varchar	
34	ICD procedure code 6	icd_proc_code_6	ICD-9/10 surgical procedure code 6	varchar	
35	Diagnosis 1	diag_code_1	Diagnosis code 1 (primary)	varchar	
36	Diagnosis 2	diag_code_2	Diagnosis code 2	varchar	
37	Diagnosis 3	diag_code_3	Diagnosis code 3	varchar	
38	Diagnosis 4	diag_code_4	Diagnosis code 4	varchar	
39	Diagnosis 5	diag_code_5	Diagnosis code 5	varchar	
40	Diagnosis 6	diag_code_6	Diagnosis code 6	varchar	
41	Diagnosis 7	diag_code_7	Diagnosis code 7	varchar	
42	Diagnosis 8	diag_code_8	Diagnosis code 8	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
43	Diagnosis 9	diag_code_9	Diagnosis code 9	varchar	
44	DRG	drg_code	Diagnosis Related Group (DRG) code, if applicable	varchar	
45	Line item number	clm_id_line_item_num	Line number of the individual line item number	numeric (no decimals)	
46	Procedure code line	proc_code_line	Procedure code on the line (HCPCS code or CPT) as it was adjudicated	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
47	Units paid	units_of_svc_paid	Number of units (services) paid	numeric	In cases where there are fractional units paid, ensure that they are valid and reflect the accurate number of units paid for the corresponding claim Ensure that all paid drug records have valid units paid that are greater than 0 If the number of units paid for drug records are not available, please include quantity dispensed or other relevant information
48	Total computable amount paid line	amt_paid_line	Total computable amount paid at the claim line. Total Computable Amount= Federal Share + State Share Amount paid should be net of any co-payments, third-party, or other beneficiary liability	numeric (with decimals)	Ensure the field is not truncated, rounded and does not contain extra data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
49	Procedure modifier 1	proc_mod_1	Procedure Code Modifier- 1 on the lines as it was adjudicated	varchar	
50	Procedure modifier 2	proc_mod_2	Procedure Code Modifier – 2 on the line as it was adjudicated	varchar	
51	Procedure modifier 3	proc_mod_3	Procedure Code Modifier – 3 on the line as it was adjudicated	varchar	
52	Procedure modifier 4	proc_mod_4	Procedure Code Modifier – 4 on the line as it was adjudicated	varchar	
53	Revenue code	rev_code	Revenue code for the claim line. Note that ALL revenue codes should be submitted for a claim A separate record should be created for each revenue code	varchar	
54	Performing provider number	perf_prov_id	Performing (servicing) provider ID number	varchar	Ensure this field is populated for records billed at the claim line level

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
55	Performing provider name	perf_prov_name	Performing (servicing) provider name	varchar	Ensure this field is populated for records billed at the claim line level
56	Performing provider type	perf_prov_type	Performing (servicing) provider type	varchar	Ensure this field is populated for records billed at the claim line level Provide a data dictionary if a dictionary was not provided with universe data
57	Performing provider spec	perf_prov_spec	Performing (servicing) provider specialty code	varchar	Ensure this field is populated for records billed at the claim line level Provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
58	Performing provider address 1	perf_prov_addr_1	Performing (servicing) provider address first line If medical record contacts are different from the performing provider, please include this information in a separate user field.	varchar	Ensure this field is populated for records billed at the claim line level Verify that provider addresses are complete, up-to-date and do not include a medical record contact names instead
59	Performing provider address 2	perf_prov_addr_2	Performing (servicing) address second line	varchar	Ensure this field is populated for records billed at the claim line level
60	Performing provider city	perf_prov_city	Performing (servicing) provider city	varchar	Ensure this field is populated for records billed at the claim line level

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
61	Performing provider state	perf_prov_state	Performing (servicing) provider state	varchar	Ensure this field is populated for records billed at the claim line level Please use the abbreviated 2-letter code for each state (e.g. WA for Washington state)
62	Performing provider zip	perf_prov_zip_code	Performing (servicing) provider zip code Should contain either 5 or 9 digits (ZIP+4 digit code)	varchar	Ensure this field is populated for records billed at the claim line level If possible do not include hyphens when using a ZIP+4 digit code
63	Performing provider phone	perf_prov_phone	Performing (servicing) provider phone number All phone numbers should be 10 digits, including the area code Multiple phone numbers and phone extensions should be reported in separate user fields	varchar	Ensure this field is populated for records billed at the claim line level If possible, do not use hyphens or parentheses Verify that the provider phone number is a complete and up-to-date 10 digit code Include multiple phone numbers in separate user fields

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
64	Performing provider fax	perf_prov_fax	Performing (servicing) provider fax number	varchar	Ensure this field is populated for records billed at the claim line level, when available If possible, do not use hyphens or parenthesis in this field Verify that the provider fax number is a complete and up-to-date 10 digit code
65	Performing provider NPI	perf_prov_npi	Performing provider's NPI, when available	varchar	Ensure this field is populated for records billed at the claim line level, when available
66	Referring Prov Name	ref_prov_name	Referring provider name	varchar	Ensure this field is populated for records billed at the claim line and header level, when available
67	Referring Prov NPI	ref_prov_npi	Referring provider NPI	varchar	Ensure this field is populated for records billed at the claim line and header level, when available

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
68	Medical Record Contact Name	mr_contact_name	Medical record contact name	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers
69	Medical Record Contact Add 1	mr_contact_addr_1	Medical record contact address first line.	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
70	Medical Record Contact Addr 2	mr_contact_addr_2	Medical record contact address second line	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers
71	Medical Record Contact City	mr_contact_city	Medical record contact city	varchar	Ensure this field is populated for records billed at the claim line and header level, when available
72	Medical Record Contact State	mr_contact_state	Medical record contact state: 2-char postal abbreviation.	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
73	Medical Record Contact Zip	mr_contact_zip_code	Medical record contact zip code. Should contain either 5 or 9 digits (ZIP+4 digit code)	varchar	Ensure this field is populated for records billed at the claim line and header level, when available If possible do not include hyphens when using a ZIP+4 digit code Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers
74	Medical Record Contact Phone	mr_contact_phone	Medical record contact phone number. All phone numbers should be 10 digits, including the area code Multiple phone numbers and phone extensions should be reported in separate user fields	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
75	Date-of-service from (line)	dos_from_line	Beginning date of service on the line Should be included for each line of a claim	varchar (mm/dd/yyyy)	Ensure beginning date of service is a valid dates, is populated for all line level claims and is prior to the ending date of service for the line claims
76	Date-of-service to (line)	dos_to_line	Ending date of service on the line Should be included for each line of a claim	varchar (mm/dd/yyyy)	Ensure ending data of service is a valid date, is populated for all line level claims and is after the beginning date of service for line claims
77	Place of service	place_of_svc	Place of service	varchar	Provide a data dictionary if a dictionary was not provided with universe data
78	Type of service	type_of_svc	Type of service	varchar	Provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
79	National Drug Code (NDC)	ndc_code	Made up of labeler(mfr) + product + pkg size configurations	varchar	Ensure NDC codes are 11 digits including leading and trailing zeroes Ensure this field is populated for all pharmacy claims
80	Drug order date	drug_order_dt	Date drug was prescribed for a pharmacy claim	varchar (mm/dd/yyyy)	Ensure this field is populated for all pharmacy claims
81	Prescription number	rx_num	Prescription number for the pharmacy claim line	varchar	Ensure this field is populated for all pharmacy claims
82	Prior authorization number (header or line)	prior_auth_num	Prior authorization number will be the same on all lines if PA only available at the claim level	varchar	
83	Date paid line	date_of_payment_line	Paid date for claim Line	varchar (mm/dd/yyyy)	Ensure this field is populated for records billed at the claim line level

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
84	Sampling unit level	Sampling_unit_level	A code that is used to denote if the record is a header or a line claim "H"= header, "L"= line	varchar	Ensure all values are coded as "H" or "L" and the field is populated for all records
85	User field 1		User- specific field that may contain unique state data that is important for the program but is not in the standard format State may choose to leave this data element out, if desired		If necessary, provide a data dictionary for the data in the user fields
86	User field 2		Same as above		Same as above
87	User field 3		Same as above		Same as above
88	User field 4		Same as above		Same as above
89	User field 5		Same as above		Same as above
90	User field 6		Same as above		Same as above
91	User field 7		Same as above		Same as above

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
92	User field 8		Same as above		Same as above
93	User field 9		Same as above		Same as above
94	User field 10		Same as above		Same as above

SECTION 5: Quality Review

Quality review saves time and resources for both the state and CMS contractors by identifying data problems early in the PERM details process. States should perform a quality review of the sampled claim details data prior to submitting files to the SC. Table 4 below lists suggested minimal quality control checks for states to complete.

Table 4: Minimum Sampled Claim Details Submission Quality Control Checks

Quality Review	Suggested Tests
1) Ensure all required fields are reported in the details file	Prepare a list of all fields in the data submission and compare it to the list of fields in Table 1, Table 2 and/or Table 3 (note that some fields only apply to certain claim or provider types)
	Identify any missing fields or fields which may have missing values for certain records in the data.
	Determine why the field or certain values in the field are missing; if the state does not maintain a field in its entirety or for certain claim types in the state's data system, provide an explanation accordingly on the Details Transmission Cover Sheet in Appendix B for the impacted fields

Quality Review	Suggested Tests
2) Ensure all required documentation for decoding, formatting and validating the data are included with each details submission	When using field names other than standard field names in Table 1, provide information for mapping your state's field names to the standard details field names Indicate which data fields require a data dictionary. Provide decodes for each field (as applicable) as well as any necessary file layouts. Provide an updated data dictionary, if definitions for certain fields in the details have changed from definitions provided at the time of universe submission. Use the "Standard Details Crosswalk Template" in Appendix B to enter the required information for each field
3) Check that claim headers and all details (including the sampled line item and all other line items associated with the same claim or all line items associated with the sampled claim) are included for each sampling unit	Review the file, making sure that it contains all lines associated with each claim (whether or not the claim was sampled at the header or the line level)

Quality Review	Suggested Tests
4) Check for consistency of data between Universe and Details	Review the fields in the details for which data have also been submitted in the universe.
	Ensure there is no discrepancy between values reported in the universe and details.
	If values in a specific field in the details have changed from their values in the universe for valid reasons, provide an explanation on the transmission cover sheet in Appendix B.
	This is particularly important for the following fields:
	• Total paid amount: values for this field should also match the paid amount submitted in the universe for header or line claims.
	• Claim Type: The values for this field in the details file should generally match to the values in the claim type field in the sampler file
	• ICN
	• Dates of service
	• Date paid
	• Line number
	• Sampling unit level
	• Medicare crossover
	• Provider type
	• Source location

Quality Review	Suggested Tests
5) Check that key fields are properly formatted and have valid values according to the guidelines for Quality Review in Table 1: Required Fields for Details Submission.	Problems with these fields including missing values without explanation will result in automatic rejection of the details file. - PERM ID - ICN/TCN - Line number - Billing provider number - Billing provider name - Recipient ID - Recipient name - Recipient gender - Recipient date of birth - Paid amount - Claim type - Payment status - Units Paid (where units paid are not available for pharmacy claims, please include the quantity dispensed) - Date of Service (header and line) - NDC - Sampling Unit Level (is needed only when submitting a single file for header and line claims combined) - Medicare crossover indicator
6) Review provider information	Verify that provider information, including addresses, phone numbers, and fax numbers, is complete and up-to-date. Verify that only valid mailing addresses are provided in address 1 and address 2 fields.

Quality Review	**Suggested Tests**
7) If the contact name for medical record review is different from the billing or performing provider, please report this information in Medical Record Contact fields and not on the provider address fields	Populate medical record contact fields only when these contacts are different from contact data for billing, performing and referring providers.
8) Review dates of service for the claim and for each claim line for accuracy and validity	Verify that the dates of service for each line of a claim ("dos_from_line" and "dos_to_line") are within the dates of service range for the entire claim ("dos_from_clm" and "dos_to_clm"). If there are any variation from this rule for reporting dates of service in your state, inform SC of this variation during the details intake calls and on the Details Crosswalk Tables shown in Appendix B.
9) Review units paid for all claims, especially for pharmacy claims	Ensure all claims have a valid values in the units paid field. If there are fractional values in the units paid field (e.g., 3.5), verify these values are valid. Ensure pharmacy claims have non-missing values for units paid that are greater than zero. If the number of units paid for drug records are not available, provide the quantity dispensed or other similar and relevant data.

SECTION 6: Data Transmission and Security

This section discusses the PERM data submission media, PERM data submission formats, transmission cover sheet and quality control verification, and data transmission and security.

1. **Submission media:** The SC's data systems are capable of reading electronic data stored on a variety of media (e.g., CDs, DVDs, portable hard drives). It is preferred that states send their data via secure FTP (SFTP). However, if this is not an option, states may submit data on a CD or DVD. Do <u>not</u> send PERM data via email.

    See the Data Transmission section below for information on passwords and encryption.

2. **Submission formats:** The SC prefers receiving data in one of three formats: SAS dataset, delimited file, or flat file.

    - SAS dataset: PC-based SAS dataset

    - Delimited file: Comma delimited (.csv) or tab delimited text (.txt)

    - Flat file: A universal text format with a single fixed record length and layout (also called a "flat format" or "ASCII format"). If the state submits text files, except for the first row of the field names, do not include any log or summary information at the beginning or at the bottom of the data file.

3. **Transmission cover sheet:** Please submit a Transmission Cover Sheet with every fee-for-service details data submission. The format for the fee-for-service details data Transmission Cover Sheet and quality control verification are provided in **Appendix B.** The state may burn the Transmission Cover Sheet on the CD or DVD with the data, email the cover sheet to the SC, or submit as a separate file through SFTP.

4. **Privacy:** The SC is committed to protecting the confidentiality, integrity and accessibility of sensitive data. PERM states should comply with HIPAA Privacy and Security Rules, CMS Business Partners Systems Security Manual and FISMA requirements for sensitive data transfer, and state privacy and security rules. Any data that includes protected health information (PHI) and/or personally identifiable information (PII), such as beneficiary ID numbers, is considered sensitive data.

5. **Data transmission:** All data transmissions containing PHI or PII must conform to the FIPS 140-2 standards and comply with proper password protection and encryption procedures. The SC will only accept data files via SFTP transmission or sent on hard media (e.g. CD, DVD) through the mail. Do <u>not</u> send PERM data via email.

    <u>*The preferred method of data transmission is via SFTP.*</u>

    Follow these steps if sending data via SFTP:

    1. Contact the SC to discuss the SFTP site, establish a SFTP connection, and test the SFTP prior to data submission (permsc.2014@lewin.com)

2. Encrypt and password-protect data files

3. Zip all PERM data files, including the Transmission Cover Sheet and file layouts, into a single zipped file

4. SFTP the zipped file

5. Email a copy of the Transmission Cover Sheet and password(s) to the SC to indicate that the PERM data is available on the SFTP site

Follow these steps if mailing data:

1. Zip files, as needed, based on file size

2. Encrypt and password-protect data files, copy to a CD or DVD

3. Label the CD or DVD "CMS Sensitive Information"

4. Label the envelope "To be opened by addressee only"

5. Address the envelope to the SC data manager for your state

6. Mail the CD or DVD via FedEx, UPS or USPS) or a courier service with the capability for certified mail

7. E-mail the Transmission Cover Sheet and password(s) for the data to the SC

Appendix A

Table 2: FY 2014 PERM
Required Fields for Details Submissions (Header Record File)
Medicaid and CHIP Fee-for-Service

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
1	PERM ID	perm_id	Populated field will be provided to the state by the SC in the sampled claim file	varchar	Copy the PERM ID for the sampled claim from the sampler file into the claim details extract

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
2	ICN	clm_id_icn	Unique claim identifier (e.g., ICN, TCN, other state issued number)	varchar	Ensure all of the sampled lines have the same ICN in the sampler and in the details files.

Ensure the field is not truncated and does not contain extra data

Each record in the PERM universe must be able to be uniquely identified with data elements contained in the record; for "dummy" claims, be sure the ICN information can tie back to the payment in the state's systems

If the ICN/Line Number alone is not sufficient to uniquely identify the sampling unit, define those fields that can be used to uniquely identify the sampling unit |
| 3 | Claim type | clm_type | State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim | varchar | Provide a data dictionary if a dictionary was not provided with universe data or if there are differences in claim type values between the universe and the details. |

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
4	Date Paid	date_of_payment	The date a claim or payment was originally adjudicated or paid; not the check date (unless there is no adjudication date) This date should match the paid date submitted in the universe for the sampled claim	varchar (mm/dd/yyyy)	Check that the paid date is a valid date and matches the original paid date submitted in the universe for all records.
5	Medicare crossover indicator	mcare_xover_ind	Indicates whether the claim is a crossover claim from Medicare to Medicaid "Y" for yes , "N" for no	varchar	Ensure all values are coded as "Y" or "N" and the field is populated for all records
6	Category of service	service_category	Classification for broad types of state/federal covered services Can be MSIS category of service or state-defined service type	varchar	When state codes are used provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
7	Source location	source_location	The system of origin/location in which the sampled unit was adjudicated	varchar	Provide a e data dictionary if a dictionary was not provided with universe data Ensure values match values in the universe submission
8	Payment status	payment_status	Paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status "P" for paid, "D" for denied	varchar	Ensure all values are coded as "P" or "D" and the field is populated for all records

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
9	Total computable amount paid on the header	amt_paid_clm	Total computable amount paid at the claim header. Total Computable Amount = Federal Share + State Share Amount paid should be net of any co-payments, third-party, or other beneficiary liability	numeric (with decimals)	Ensure values in this field match the paid amount submitted in the universe for header claims. Ensure the field is not truncated or rounded, and does not contain extra data
10	Date-of-service from (claim)	dos_from_clm	Beginning date of service on the claim	varchar (mm/dd/yyyy)	Ensure beginning date of service is a valid date, is populated for all records and is prior to the ending date of service for the claim.
11	Date-of-service to (claim)	dos_to_clm	Ending date of service on the claim	varchar (mm/dd/yyyy)	Ensure ending date of service is a valid date, is populated for all records and is after the beginning date of service for the claim.
12	Recipient ID	recipient_id	Beneficiary ID number	varchar	Ensure recipient ID is populated for all records

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
13	Recipient Name	recipient_name	Beneficiary Name States may submit beneficiary name according to state preference (e.g., can submit multiple variables for first, middle, and last name or a single variable containing beneficiary full name)	varchar	Ensure recipient name is populated for all records Ensure the field is not truncated and does not contain extra data
14	Recipient date of birth	recipient_dob	Beneficiary date of birth	varchar (mm/dd/yyyy)	Ensure date of birth is a valid date and is populated for all records
15	Recipient gender	recipient_gender	Beneficiary gender code "M" for male, "F" for female	varchar	Ensure all values are coded as "M" or "F" and the field is populated for all records
16	Recipient county	recipient_county	Beneficiary county	varchar	Provide a data dictionary

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
17	Billing provider number	billing_prov_id	Billing provider ID number	varchar	Ensure billing provider number is populated for all records
18	Billing provider name	billing_prov_name	Billing provider name	varchar	Ensure the field is not truncated, does not contain extra data and is populated for all records
19	Billing provider type	billing_prov_type	Billing provider type	varchar	Provide a data dictionary if a dictionary was not provided with universe data
20	Billing provider specialty	billing_prov_spec	Billing provider specialty code	varchar	Provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
21	Billing provider address 1	billing_prov_address_1	Billing provider address first line If medical record contacts are different from the billing provider, please include this information in a separate user field	varchar	Ensure that provider addresses are complete, up-to-date, and do not contain a medical record contact name instead
22	Billing provider address 2	billing_prov_address_2	Billing provider address second line	varchar	
23	Billing provider city	billing_prov_city	Billing provider city	varchar	
24	Billing provider state	billing_prov_state	Billing provider state	varchar	Use the abbreviated 2-letter code for each state (e.g. WA for Washington state)
25	Billing provider zip	billing_prov_zip_code	Billing provider zip code Should contain either 5 or 9 digits (ZIP+4 digit code)	varchar	If possible do not include hyphens when using a ZIP+4 digit code

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
26	Billing provider phone	billing_prov_phone	Billing provider phone number(s) All phone numbers should be 10 digits, including the area code Multiple phone numbers and phone extensions should be reported in separate user fields	varchar	If possible, do not use hyphens or parentheses Verify that the provider phone number is a complete and up-to-date 10 digit code Include multiple phone numbers in separate user fields
27	Billing provider fax	billing_prov_fax	Billing provider fax number, when available	varchar	If possible, do not use hyphens or parentheses Verify that the provider fax number is a complete and up-to-date 10 digit code
28	Billing provider NPI	billing_prov_npi	Billing provider NPI, when available	varchar	
29	ICD procedure code 1	icd_proc_code_1	ICD-9/10 surgical procedure code 1	varchar	
30	ICD procedure code 2	icd_proc_code_2	ICD-9/10 surgical procedure code 2	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
31	ICD procedure code 3	icd_proc_code_3	ICD-9/10 surgical procedure code 3	varchar	
32	ICD procedure code 4	icd_proc_code_4	ICD-9/10 surgical procedure code 4	varchar	
33	ICD procedure code 5	icd_proc_code_5	ICD-9/10 surgical procedure code 5	varchar	
34	ICD procedure code 6	icd_proc_code_6	ICD-9/10 surgical procedure code 6	varchar	
35	Diagnosis 1	diag_code_1	Diagnosis code 1 (primary)	varchar	
36	Diagnosis 2	diag_code_2	Diagnosis code 2	varchar	
37	Diagnosis 3	diag_code_3	Diagnosis code 3	varchar	
38	Diagnosis 4	diag_code_4	Diagnosis code 4	varchar	
39	Diagnosis 5	diag_code_5	Diagnosis code 5	varchar	
40	Diagnosis 6	diag_code_6	Diagnosis code 6	varchar	
41	Diagnosis 7	diag_code_7	Diagnosis code 7	varchar	
42	Diagnosis 8	diag_code_8	Diagnosis code 8	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
43	Diagnosis 9	diag_code_9	Diagnosis code 9	varchar	
44	DRG	drg_code	Diagnosis Related Group (DRG) code, if applicable	varchar	
45	Medical Record Contact Name	mr_contact_name	Medical record contact name	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
46	Medical Record Contact Add 1	mr_contact_addr_1	Medical record contact address first line.	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers
47	Medical Record Contact Addr 2	mr_contact_addr_2	Medical record contact address second line	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers
48	Medical Record Contact City	mr_contact_city	Medical record contact city	varchar	Ensure this field is populated for records billed at the claim line and header level, when available

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
49	Medical Record Contact State	mr_contact_state	Medical record contact state: 2-char postal abbreviation.	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers
50	Medical Record Contact Zip	mr_contact_zip_code	Medical record contact zip code. Should contain either 5 or 9 digits (ZIP+4 digit code)	varchar	Ensure this field is populated for records billed at the claim line and header level, when available If possible do not include hyphens when using a ZIP+4 digit code Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
51	Medical Record Contact Phone	mr_contact_phone	Medical record contact phone number. All phone numbers should be 10 digits, including the area code Multiple phone numbers and phone extensions should be reported in separate user fields	varchar	Ensure this field is populated for records billed at the claim line and header level, when available Do not duplicate this field if values are the same as data in the corresponding fields for billing, performing or referring providers
52	National Drug Code (NDC)	ndc_code	Made up of labeler(mfr) + product + pkg size configurations	varchar	Ensure NDC codes are 11 digits including leading and trailing zeroes Ensure this field is populated for all pharmacy claims
53	Drug order date	drug_order_dt	Date drug was prescribed for a pharmacy claim	varchar (mm/dd/yyyy)	Ensure this field is populated for all pharmacy claims
54	Prescription number	rx_num	Prescription number for the pharmacy claim line	varchar	Ensure this field is populated for all pharmacy claims

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
55	Prior authorization number (header or line)	prior_auth_num	Prior authorization number will be the same on all lines if PA only available at the claim level	varchar	
56	User field 1		User- specific field that may contain unique state data that is important for the program but is not in the standard format State may choose to leave this data element out, if desired		If necessary, provide a data dictionary for the data in the user fields
57	User field 2		Same as above		Same as above
58	User field 3		Same as above		Same as above
59	User field 4		Same as above		Same as above
60	User field 5		Same as above		Same as above
61	User field 6		Same as above		Same as above
62	User field 7		Same as above		Same as above

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
63	User field 8		Same as above		Same as above
64	User field 9		Same as above		Same as above
65	User field 10		Same as above		Same as above

Table 3: FY 2014 PERM
Required Fields for Details Submissions (Line Record File)
Medicaid and CHIP Fee-for-Service

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
1	PERM ID	perm_id	Populated field will be provided to the state by the SC in the sampled claim file	varchar	Copy the PERM ID for the sampled claim from the sampler file into the claim details extract
2	ICN	clm_id_icn	Unique claim identifier (e.g., ICN, TCN, other state issued number)	varchar	Ensure all of the sampled lines have the same ICN in the sampler and in the details files. Ensure the field is not truncated and does not contain extra data Each record in the PERM universe must be able to be uniquely identified with data elements contained in the record; for "dummy" claims, be sure the ICN information can tie back to the payment in the state's systems If the ICN/Line Number alone is not sufficient to uniquely identify the sampling unit, define those fields that can be used to uniquely identify the sampling unit

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
3	Claim type	clm_type	State claim type indicator, typically identifying whether the claim is an institutional, medical, or crossover claim	varchar	Provide a data dictionary if a dictionary was not provided with universe data or if there are differences in claim type values between the universe and the details.
4	Medicare crossover indicator	mcare_xover_ind	Indicates whether the claim is a crossover claim from Medicare to Medicaid "Y" for yes , "N" for no	varchar	Ensure all values are coded as "Y" or "N" and the field is populated for all records
5	Category of service	service_category	Classification for broad types of state/federal covered services Can be MSIS category of service or state-defined service type	varchar	When state codes are used provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
6	Payment status	payment_status	Paid or denied indicator for each claim or claim line as it was originally adjudicated; should not reflect an adjusted payment status "P" for paid, "D" for denied	varchar	Ensure all values are coded as "P" or "D" and the field is populated for all records
7	Line item number	clm_id_line_item_num	Line number of the individual line item number	numeric (no decimals)	
8	Procedure code line	proc_code_line	Procedure code on the line (HCPCS code or CPT) as it was adjudicated	varchar	

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
9	Units paid	units_of_svc_paid	Number of units (services) paid	numeric	In cases where there are fractional units paid, ensure that they are valid and reflect the accurate number of units paid for the corresponding claim Ensure that all paid drug records have valid units paid that are greater than 0 If the number of units paid for drug records are not available, please include quantity dispensed or other relevant information
10	Total computable amount paid line	amt_paid_line	Total computable amount paid at the claim line. Total Computable Amount= Federal Share + State Share Amount paid should be net of any co-payments, third-party, or other beneficiary liability	numeric (with decimals)	Ensure the field is not truncated, rounded and does not contain extra data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
11	Procedure modifier 1	proc_mod_1	Procedure Code Modifier- 1 on the lines as it was adjudicated	varchar	
12	Procedure modifier 2	proc_mod_2	Procedure Code Modifier – 2 on the line as it was adjudicated	varchar	
13	Procedure modifier 3	proc_mod_3	Procedure Code Modifier – 3 on the line as it was adjudicated	varchar	
14	Procedure modifier 4	proc_mod_4	Procedure Code Modifier – 4 on the line as it was adjudicated	varchar	
15	Revenue code	rev_code	Revenue code for the claim line. Note that ALL revenue codes should be submitted for a claim A separate record should be created for each revenue code	varchar	
16	Performing provider number	perf_prov_id	Performing (servicing) provider ID number	varchar	Ensure this field is populated for records billed at the claim line level

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
17	Performing provider name	perf_prov_name	Performing (servicing) provider name	varchar	Ensure this field is populated for records billed at the claim line level
18	Performing provider type	perf_prov_type	Performing (servicing) provider type	varchar	Ensure this field is populated for records billed at the claim line level Provide a data dictionary if a dictionary was not provided with universe data
19	Performing provider spec	perf_prov_spec	Performing (servicing) provider specialty code	varchar	Ensure this field is populated for records billed at the claim line level Provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
20	Performing provider address 1	perf_prov_addr_1	Performing (servicing) provider address first line If medical record contacts are different from the performing provider, please include this information in a separate user field.	varchar	Ensure this field is populated for records billed at the claim line level Verify that provider addresses are complete, up-to-date and do not include a medical record contact names instead
21	Performing provider address 2	perf_prov_addr_2	Performing (servicing) address second line	varchar	Ensure this field is populated for records billed at the claim line level
22	Performing provider city	perf_prov_city	Performing (servicing) provider city	varchar	Ensure this field is populated for records billed at the claim line level

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
23	Performing provider state	perf_prov_state	Performing (servicing) provider state	varchar	Ensure this field is populated for records billed at the claim line level Please use the abbreviated 2-letter code for each state (e.g. WA for Washington state)
24	Performing provider zip	perf_prov_zip_code	Performing (servicing) provider zip code Should contain either 5 or 9 digits (ZIP+4 digit code)	varchar	Ensure this field is populated for records billed at the claim line level If possible do not include hyphens when using a ZIP+4 digit code
25	Performing provider phone	perf_prov_phone	Performing (servicing) provider phone number All phone numbers should be 10 digits, including the area code Multiple phone numbers and phone extensions should be reported in separate user fields	varchar	Ensure this field is populated for records billed at the claim line level If possible, do not use hyphens or parentheses Verify that the provider phone number is a complete and up-to-date 10 digit code Include multiple phone numbers in separate user fields

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
26	Performing provider fax	perf_prov_fax	Performing (servicing) provider fax number	varchar	Ensure this field is populated for records billed at the claim line level, when available If possible, do not use hyphens or parenthesis in this field Verify that the provider fax number is a complete and up-to-date 10 digit code
27	Performing provider NPI	perf_prov_npi	Performing provider's NPI, when available	varchar	Ensure this field is populated for records billed at the claim line level, when available
28	Referring Prov Name	ref_prov_name	Referring provider name	varchar	Ensure this field is populated for records billed at the claim line and header level, when available
29	Referring Prov NPI	ref_prov_npi	Referring provider NPI	varchar	Ensure this field is populated for records billed at the claim line and header level, when available

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
30	Date-of-service from (line)	dos_from_line	Beginning date of service on the line Should be included for each line of a claim	varchar (mm/dd/yyyy)	Ensure beginning date of service is a valid dates, is populated for all line level claims and is prior to the ending date of service for the line claims
31	Date-of-service to (line)	dos_to_line	Ending date of service on the line Should be included for each line of a claim	varchar (mm/dd/yyyy)	Ensure ending data of service is a valid date, is populated for all line level claims and is after the beginning date of service for line claims
32	Place of service	place_of_svc	Place of service	varchar	Provide a data dictionary if a dictionary was not provided with universe data
33	Type of service	type_of_svc	Type of service	varchar	Provide a data dictionary if a dictionary was not provided with universe data

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
34	National Drug Code (NDC)	ndc_code	Made up of labeler(mfr) + product + pkg size configurations	varchar	Ensure NDC codes are 11 digits including leading and trailing zeroes Ensure this field is populated for all pharmacy claims
35	Drug order date	drug_order_dt	Date drug was prescribed for a pharmacy claim	varchar (mm/dd/yyyy)	Ensure this field is populated for all pharmacy claims
36	Prescription number	rx_num	Prescription number for the pharmacy claim line	varchar	Ensure this field is populated for all pharmacy claims
37	Date paid line	date_of_payment_line	Paid date for claim Line	varchar (mm/dd/yyyy)	Ensure this field is populated for records billed at the claim line level
38	User field 1		User- specific field that may contain unique state data that is important for the program but is not in the standard format State may choose to leave this data element out, if desired		If necessary, provide a data dictionary for the data in the user fields

Field Number	Field Designation	Standard Field Name	Field Description	Standard Field Format	Data Dictionary Requirements & Suggested Quality Review
39	User field 2		Same as above		Same as above
40	User field 3		Same as above		Same as above
41	User field 4		Same as above		Same as above
42	User field 5		Same as above		Same as above
43	User field 6		Same as above		Same as above
44	User field 7		Same as above		Same as above
45	User field 8		Same as above		Same as above
46	User field 9		Same as above		Same as above
47	User field 10		Same as above		Same as above

Appendix B

**Transmission Cover Sheet and Quality Control Verification
Medicaid Fee-For-Service or CHIP Fee-For-Service**

Complete and submit this cover sheet with every PERM data submission.

Table A: Contact Information

State:	
Date:	
Quarter:	
Contact person for data questions:	
Name:	
Phone:	
Email:	
Title:	
Organization:	

Table B: Data Descriptions

Complete information below. Please include a row describing your data documentation. Add more rows as necessary.				
Data Description (e.g., Q1 Medicaid FFS details; data documentation)	**Data Filename**	**File Format** (e.g., text, Excel, SAS)	**File Media** (e.g., CD, DVD, FTP)	**Password Protected? (Y/N)** (if yes, send password separately)
(Add rows if necessary)				

Table C: Control Totals

Data filename	Month	Total Lines	Total Dollars
(add rows as necessary)			

Table D: Identification of Potential Data Discrepancies or Other Information

Please indicate whether there have been any major issues or problems with producing the Details that we should be aware of, including any changes that may have occurred since the last quarter. Also, please use this space to share other important information about your data submission.

Table E. Standard Details Crosswalk Template

Please match your state's field names to the standard details field names below, and also indicate which data dictionary or crosswalk includes the layouts and decodes for each field (as applicable). If certain fields will not be populated by your system (e.g., if you do not pay any inpatient claims on a DRG or include fax numbers in your provider data), please note that as well.

Quality Review- States are responsible for quality control checking of each dataset prior to submitting the data to the SC. By placing your name in this box, you are verifying that your state performed the suggested quality control checks for each field and the results have been reviewed and are acceptable.	Name

Field Number	Standard Details Field Name	State Details Field Name *(if different from Standard Field Name)*	Filename Containing Data Layouts and Decodes	Explanation for Missing Data or Additional information (if any)
1	perm_id		N/A	
2	clm_id_icn			
3	clm_type			
4	date_of_payment			
5	mcare_xover_ind			
6	service_category			
7	source_location			
8	payment_status			
9	amt_paid_clm			
10	dos_from_clm			
11	dos_to_clm			

Field Number	Standard Details Field Name	State Details Field Name *(if different from Standard Field Name)*	Filename Containing Data Layouts and Decodes	Explanation for Missing Data or Additional information (if any)
12	recipient_id			
13	recipient_name			
14	recipient_dob			
15	recipient_gender			
16	recipient_county			
17	billing_prov_id			
18	billing_prov_name			
19	billing_prov_type			
20	billing_prov_spec			
21	billing_prov_address_1			
22	billing_prov_address_2			
23	billing_prov_city			
24	billing_prov_state			
25	billing_prov_zip_code			
26	billing_prov_phone			
27	billing_prov_fax			
28	billing_prov_npi			
29	icd_proc_code_1			
30	icd_proc_code_2			
31	icd_proc_code_3			
32	icd_proc_code_4			

Field Number	Standard Details Field Name	State Details Field Name *(if different from Standard Field Name)*	Filename Containing Data Layouts and Decodes	Explanation for Missing Data or Additional information (if any)
33	icd_proc_code_5			
34	icd_proc_code_6			
35	diag_code_1			
36	diag_code_2			
37	diag_code_3			
38	diag_code_4			
39	diag_code_5			
40	diag_code_6			
41	diag_code_7			
42	diag_code_8			
43	diag_code_9			
44	drg_code			
45	clm_id_line_item_num			
46	proc_code_line			
47	units_of_svc_paid			
48	amt_paid_line			
49	proc_mod_1			
50	proc_mod_2			
51	proc_mod_3			
52	proc_mod_4			
53	rev_code			

Field Number	Standard Details Field Name	State Details Field Name *(if different from Standard Field Name)*	Filename Containing Data Layouts and Decodes	Explanation for Missing Data or Additional information (if any)
54	perf_prov_id			
55	perf_prov_name			
56	perf_prov_type			
57	perf_prov_spec			
58	perf_prov_addr_1			
59	perf_prov_addr_2			
60	perf_prov_city			
61	perf_prov_state			
62	perf_prov_zip_code			
63	perf_prov_phone			
64	perf_prov_fax			
65	perf_prov_npi			
66	Referring Prov Name			
67	Referring Prov NPI			
68	Medical Record Contact Name			
69	Medical Record Contact Add 1			
70	Medical Record Contact Addr 2			
71	Medical Record Contact City			

Field Number	Standard Details Field Name	State Details Field Name *(if different from Standard Field Name)*	Filename Containing Data Layouts and Decodes	Explanation for Missing Data or Additional information (if any)
72	Medical Record Contact State			
73	Medical Record Contact Zip			
74	Medical Record Contact Phone			
75	dos_from_line			
76	dos_to_line			
77	place_of_svc			
78	type_of_svc			
79	ndc_code			
80	drug_order_dt			
81	rx_num			
82	prior_auth_num			
83	date_of_payment_line			
84	Sampling_unit_level			
85	User field 1			
86	User field 2			
87	User field 3			
88	User field 4			
89	User field 5			
90	User field 6			

Field Number	Standard Details Field Name	State Details Field Name *(if different from Standard Field Name)*	Filename Containing Data Layouts and Decodes	Explanation for Missing Data or Additional information (if any)
91	User field 7			
92	User field 8			
93	User field 9			
94	User field 10			